

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-3752 ((Rev. 4-97))	APPLICATION FOR INSPECTION OF U.S. VESSEL	FORM APPROVED OMB NO. 2115-0007
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The Coast Guard estimates that the average burden for this report is 15 mins. You may submit any comments concerning the accuracy of this burden estimate or any suggestion reducing the burden to: Commandant (G-MOC), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0007), Washington, DC 20503

<p>TO: OFFICER IN CHARGE MARINE INSPECTION MARINE SAFETY OFFICE JUNEAU 2760 SHERWOOD LANE, STE 2A JUNEAU, AK 99801-8545</p> <p>Marine Inspection Zone: Southeast Alaska</p> <p>The undersigned applies to have the <input type="checkbox"/> Steam Vessel <input type="checkbox"/> Motor Vessel</p> <p><input type="checkbox"/> Motorboat <input type="checkbox"/> Barge <input type="checkbox"/> Other (<i>Indicate</i>) _____</p> <p>named _____ Official or Award No. _____</p> <p>inspected under the laws of the United States; to be employed as a <input type="checkbox"/> Passenger Vessel (<i>No. of Passengers</i> _____)</p> <p><input type="checkbox"/> Cargo Vessel <input type="checkbox"/> Tank Vessel <input type="checkbox"/> MODU <input type="checkbox"/> Other (<i>Indicate</i>) _____</p> <p>on the following route: (<i>Waters, Geographical limits</i>) _____</p> <p>_____</p> <p>Liquid cargo in bulk <input type="checkbox"/> will <input type="checkbox"/> will not be carried as follows:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Flammable or Combustible (<i>Indicate grade</i>) _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Chemicals (<i>Indicate</i>) _____</p> <p>Length of vessel _____ ft.</p> <p>Hull material: <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> FRP <input type="checkbox"/> Wood <input type="checkbox"/> Other _____</p> <p>Vessel will be at (<i>Port, Pier, etc.</i>) _____</p> <p>The current Certificate of Inspection expires on _____, 20____.</p> <p>Inspection is desired on _____, 20____.</p> <p>Cargo Ship Safety Construction Certificate to be issued by <input type="checkbox"/> ABS <input type="checkbox"/> Lloyds <input type="checkbox"/> DNV</p> <p>Vessel <input type="checkbox"/> is <input type="checkbox"/> is not to be classed.</p> <p style="margin-left: 40px;">If classed, indicate Classification Society: <input type="checkbox"/> ABS <input type="checkbox"/> Other (<i>Indicate</i>) _____</p> <p>I CERTIFY that previous application for this inspection <input type="checkbox"/> has <input type="checkbox"/> has not been made. I further certify that I have instructed the master to present the vessel ready in all respects for the requested inspection on the date specified. I understand that if this inspection is to be conducted at a foreign port or place the vessel owners will be billed for the costs incurred in accordance with 46 USC 3317(b).</p> <p style="text-align: right; margin-right: 100px;">(Signature) _____</p> <p style="text-align: right; margin-right: 100px;">(Title) _____</p>	<p><i>Address to reply to:</i></p> <p>TELEPHONE NUMBER:</p> <p>DATE:</p>
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